

A SALUTE TO JAMES W.
GALLAGHER

HON. CURT WELDON

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Monday, February 10, 1997

Mr. WELDON of Pennsylvania. Mr. Speaker, I rise today to pay tribute to an outstanding American, James W. Gallagher. A resident of Newtown Square, PA, I am proud to call this fine man a resident of the Seventh Congressional District.

A tireless servant of his local community and the entire Nation, Jim served his country as a U.S. marine in World War II. Beyond his military service, Jim continued his service to the public. He has been an active member of the American Legion for over two decades, serving in numerous local and State leadership posts.

And each Christmas, Jim led a local Toys for Tots effort for the Marine Corps. This important program provides both the toys and the means for the area's poor to give their children a more joyous holiday season. For these and other charitable works, Jim is well-known and respected throughout the community.

I rise today to mark a special moment in Jim's life, a passing of the torch, if you will. This past Christmas Day, on the 220th Anniversary of George Washington's crossing of the Delaware River during the American Revolution, Jim portrayed General Washington his 12th and final year in Pennsylvania's annual reenactment of the famous crossing.

More than 9,000 individuals were on hand as Jim surveyed his troops for his final time, reciting "These are the times that try men's souls" from Thomas Paine's "The Crisis," a work credited with boosting the morale and courage of General Washington's small army. And, quite fittingly, Jim delivered Washington's farewell address upon his retirement from the Army, saying to his troops "I now take my leave of you."

Jim will be remembered for years to come for his memorable portrayal of George Washington, not just in the annual reenactment of the Delaware River crossing, but also in parades and even in our Nation's Capitol Building.

But even more importantly, Jim will be remembered for embodying the ideals of George Washington through his dedication and service to the country and the entire community. His work and effort will not be forgotten.

Mr. Speaker, I ask my colleagues to join me in honoring James Gallagher, a true American.

NEW ENGLAND JOURNAL OF MEDICINE
SUPPORTS MEDICINAL USE
OF MARIJUANA

HON. BARNEY FRANK

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Monday, February 10, 1997

Mr. FRANK of Massachusetts. Mr. Speaker, when I came to Congress in the early 1980's, our late colleague Stewart McKinney of Connecticut was the sponsor of a bill to allow doctors to prescribe marijuana for medical purposes when they found this to be in the inter-

est of their patients. When Mr. McKinney tragically died in 1987, depriving this Congress of one of its most valuable Members, the bill lapsed. A few years ago, at the urging of some people interested in this subject, I reintroduced the bill, essentially the legislation which Mr. McKinney had initiated. While no action was taken on that bill in the previous Congress, and while some of the prior cosponsors had in the interim changed their mind on the bill—for example, Mr. GINGRICH of Georgia—I will be reintroducing the bill this year. In the interim, voters in the States of Arizona and California have given their endorsement by solid majorities to this principle. I hope we will in this Congress seriously debate this issue. I have been disappointed by the failure of the Clinton administration to be more forthcoming, but I have been encouraged by the increasing interest in debating this subject seriously among many members in the medical profession.

Recently, one of the leading outlets for informed opinion about medicine, the *New England Journal of Medicine*, carried an editorial by Dr. Jerome P. Kassirer, editor of the *Journal*, on this subject. His title—*Federal Foolishness and Marijuana*—accurately sums up his point of view.

Dr. Kassirer says in this editorial that he believes "that a federal policy that prohibits physicians from alleviating suffering by prescribing marijuana for seriously ill patients is misguided, heavy handed and inhumane." I should note that it is now in direct conflict with the wishes of the people of Arizona and California as expressed in referenda. Indeed, I await the support for my bill that I assume will be forthcoming from my conservative colleagues who are great supporters of States rights, and who in particular believe that when the public has expressed its view in referenda, Federal officials should acknowledge the validity of that point of view.

Mr. Speaker, in the hope that we may again be able to change your mind so that you go back to your position of the 1980's in support of this proposition, and in the interest of furthering debate on this matter, I ask that the thoughtful editorial by Dr. Kassirer be printed here.

[From the *New England Journal of Medicine*
Jan. 30, 1997]

FEDERAL FOOLISHNESS AND MARIJUANA

(By Jerome P. Kassirer, M.D.)

The advanced stages of many illnesses and their treatments are often accompanied by intractable nausea, vomiting, or pain. Thousands of patients with cancer, AIDS, and other diseases report they have obtained striking relief from these devastating symptoms by smoking marijuana. (1) The alleviation of distress can be striking that some patients and their families have been willing to risk a jail term to obtain or grow the marijuana.

Despite the desperation of these patients, within weeks after voters in Arizona and California approved propositions allowing physicians in their states to prescribe marijuana for medical indications, federal officials, including the President, the secretary of Health and Human Services, and the attorney general sprang into action. At a news conference, Secretary Donna E. Shalala gave an organ recital of the parts of the body that she asserted could be harmed by marijuana and warned of the evils of its spreading use. Attorney General Janet Reno announced that physicians in any state who prescribed

the drug could lose the privilege of writing prescriptions, be excluded from Medicare and Medicaid reimbursement, and even be prosecuted for a federal crime. General Barry R. McCaffrey, director of the Office of National Drug Control Policy, reiterated his agency's position that marijuana is a dangerous drug and implied that voters in Arizona and California had been duped into voting for these propositions. He indicated that it is always possible to study the effects of any drug, including marijuana, but that the use of marijuana by seriously ill patients would require, at the least, scientifically valid research.

I believe that a federal policy that prohibits physicians from alleviating suffering by prescribing marijuana for seriously ill patients is misguided, heavy-handed, and inhumane. Marijuana may have long-term adverse effects and its use may presage serious addictions, but neither long-term side effects nor addiction is a relevant issue in such patients. It is also hypocritical to forbid physicians to prescribe marijuana while permitting them to use morphine and meperidine to relieve extreme dyspnea and pain. With both these drugs the difference between the dose that relieves symptoms and the dose that hastens death is very narrow; by contrast, there is no risk of death from smoking marijuana. To demand evidence of therapeutic efficacy is equally hypocritical. The noxious sensations that patients experience are extremely difficult to quantify in controlled experiments. What really counts for a therapy with this kind of safety margin is whether a seriously ill patient feels relief as a result of the intervention, not whether a controlled trial "proves" its efficacy.

Paradoxically, dronabinol, a drug that contains one of the active ingredients in marijuana (tetra-hydrocannabinol), has been available by prescription for more than a decade. But it is difficult to titrate the therapeutic dose of this drug, and it is not widely prescribed. By contrast, smoking marijuana produces a rapid increase in the blood level of the active ingredients and is thus more likely to be therapeutic. Needless to say, new drugs such as those that inhibit the nausea associated with chemotherapy may well be more beneficial than smoking marijuana, but their comparative efficacy has never been studied.

Whatever their reasons, federal officials are out of step with the public. Dozens of states have passed laws that ease restrictions on the prescribing of marijuana by physicians, and polls consistently show that the public favors the use of marijuana for such purposes. [1] Federal authorities should rescind their prohibition of the medicinal use of marijuana for seriously ill patients and allow physicians to decide which patients to treat. The government should change marijuana's status from that of a Schedule 1 drug (considered to be potentially addictive and with no current medical use) to that of a Schedule 2 drug (potentially addictive but with some accepted medical use) and regulate it accordingly. To ensure its proper distribution and use, the government could declare itself the only agency sanctioned to provide the marijuana. I believe that such a change in policy would have no adverse effects. The argument that it would be a signal to the young that "marijuana is OK" is, I believe, specious.

This proposal is not new. In 1986, after years of legal wrangling, the Drug Enforcement Administration (DEA) held extensive hearings on the transfer of marijuana to Schedule 2. In 1988, the DEA's own administrative-law judge concluded, "It would be unreasonable, arbitrary, and capricious for DEA to continue to stand between those sufferers and the benefits of this substance in light of the evidence in this record." [1] Nonetheless, the DEA overruled the judge's order